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Louis M. Heidelberger Reed Smith LLP 2500 One Liberty Place 1650 Market Street Philadelphia, PA 19103-7301

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(Depositor's name)	4	Maryellen Feehery
(Signature)	hey_	Mayallentee
(Date)	T	January 14, 2004

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 04/25/2001 00-40374-US 09/841,715 Herwing Janssen 6268

TITLE OF INVENTION: PEDICULICIDAL AND OVACIDAL TREATMENT COMPOSITIONS AND METHODS FOR KILLING HEAD LICE AND THEIR EGGS

nonprovisional NO \$1330 \$300 \$1630 03/24/2004 EXAMINER ART UNIT CLASS-SUBCLASS LEVY, NEIL S 1616 514-028000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	APPLN. TYPE	SMALL ENTITY	ISSUE FI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Johnson & Johnson Consumer

Skillman, New Jersey

Companies, Inc.

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